

State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

Page 1 of 1

<input type="checkbox"/> Out-of-State Trip No. _____	<input checked="" type="checkbox"/> Travel	<input type="checkbox"/> Training
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Claimant's Name Mary-Ann Warmerdam	Telephone Number 916-445-4000	Employee Number E000113420
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Home Address P.O. Box 467	City Yolo	State CA	Zip Code 95697	Position Director
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Headquarters Address 1001 I Street	City Sacramento	State CA	Zip Code 95814	Branch Executive Office	CB/I No. Exempt
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(1) Month/Year 10/09		D a t e	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals			(6) Incid'l	(7) Transportation					(8) Business Expense	(9) Total Expenses for Day
(2) Time					Breakfast	Lunch	Dinner		(A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car			
Depart	Return											Miles	Amt.		
1330		5	Sacramento to Salinas/Monterey	76.95		10.00	18.00			SC	20.00			124.95	
	1800	6	Monterey to Sacramento		6.00	10.00		6.00	4.00	SC				26.00	
			RE: SPEAK AT GROWER- SHIPPER BD. MTG.; MEET W/CAC & FARM BUREAU											0.00	
			Sacramento							SC	2.00			2.00	
		7	RE: MEETING W/CDFA SECRETARY											0.00	
1500	2330	21	Sacramento to Fresno and Return				18.00			SC				18.00	
			RE: SPEAK AT FRESNO STATE											0.00	
0700		26	Sacramento to Orange County			10.00	18.00			SC, A, RC				28.00	
	1400	27	Orange County to Sacramento		6.00	10.00		6.00	15.00	RC, A, SC	18.00			55.00	
			RE: CAC MEETING; MEET W/WESTERN GROWERS ASSN.											0.00	
														0.00	

Sub Total (Acct. Use Only)	
TRAVEL ADVANCE	\$
(10) CLAIM TOTAL	\$ 253.95

(11) Purpose of Trip, Remarks & Details 10/5:(7)(C): \$3 parking at Grower-Shipper meeting (no receipt); \$17 parking at hotel (itemized on hotel receipt) 10/6:(7)(A): toll charge (no receipt) 10/7:(7)(C): parking at CDFA meeting (no receipt) 10/26:(4): no lodging claimed--employee stayed with relatives 10/27:(7)(A): gas in rental car (receipt attached) 10/27:(7)(C): parking at Sacramento airport (receipt attached)	(12) Normal Work Hours 0800-1700 (13) Private Vehicle License No. (14) Mileage Rate Claimed
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(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.

Claimant Signature 	Date 11.05.09
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(16) Signature of Officer Approving Travel and Payment 	Special Expense Authorization (See item 17 on reverse)
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(18) Program Use			Accounting Use Only					
Index	PCA	%	Obj. Code	Amount	Tax	Non-Tax	Check Number	TEC Amt. Due
2100	13000	100						

Forward original and one copy, with required vouchers/receipts, (original and one copy), to DPR's Accounting Office